SERFF Tracking Number: CEUL-127093030 State: Arkansas State Tracking Number: 48311 Filing Company: Central United Life Insurance Company

Company Tracking Number:

TOI: Sub-TOI: H02I Individual Health - Accident Only H02I.000 Health - Accident Only

EAP Product Name:

Project Name/Number: Schedule Replacement/

## Filing at a Glance

Company: Central United Life Insurance Company

Product Name: EAP SERFF Tr Num: CEUL-127093030 State: Arkansas TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved- State Tr Num: 48311

Closed

Sub-TOI: H02I.000 Health - Accident Only

Co Tr Num: Filing Type: Form

Reviewer(s): Rosalind Minor Author: Rebecca Podowski Disposition Date: 03/23/2011

Date Submitted: 03/23/2011 Disposition Status: Approved-

Closed

Implementation Date:

State Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

#### General Information

Project Name: Schedule Replacement Status of Filing in Domicile: Pending

**Project Number:** Date Approved in Domicile:

Domicile Status Comments: Arkansas is our Requested Filing Mode: Review & Approval

state of domicile.

Market Type: Individual Explanation for Combination/Other: Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 03/23/2011

> State Status Changed: 03/23/2011 Created By: Rebecca Podowski

Deemer Date:

Submitted By: Rebecca Podowski Corresponding Filing Tracking Number:

Filing Description:

We are filing a new schedule page, indicating a reduction of the accidental death benefit, to replace a previously approved schedule page. The policy form with the original schedule page is EAP-AR, and was approved on 3/19/2008 . We are also including an updated actuarial memo that removes the rating class "child only". All new sales of this product will no longer offer a child-only rate, and will offer the reduced accidental death benefit. Central United Life appreciates the Department's time in reviewing this filing.

# Company and Contact

Company Tracking Number:

TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only

Product Name: EAP

Project Name/Number: Schedule Replacement/

**Filing Contact Information** 

Rebecca Podowski, rpodowsk@manhattanlife.com

10700 Northwest Freeway 713-529-0045 [Phone]

Houston, TX 77092

**Filing Company Information** 

Central United Life Insurance Company CoCode: 61883 State of Domicile: Arkansas

Wortham Tower Group Code: 117 Company Type: 2727 Allen Parkway Group Name: State ID Number:

Suite 500 FEIN Number: 42-0884060

Houston, TX 77019-2100 (713) 529-0045 ext. [Phone]

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**Filing Fees** 

Fee Required? Yes

Fee Amount: \$50.00 Retaliatory? No

Fee Explanation: 50.00 per form x 1 form

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Central United Life Insurance Company \$50.00 03/23/2011 45885094

CHECK NUMBER CHECK AMOUNT CHECK DATE

\$0.00

Company Tracking Number:

TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only

Product Name: EAP

Project Name/Number: Schedule Replacement/

# **Correspondence Summary**

### **Dispositions**

Status	Created By	Created On	Date Submitted	
Approved- Closed	Rosalind Minor	03/23/2011	03/23/2011	

Company Tracking Number:

TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only

Product Name: EAP

Project Name/Number: Schedule Replacement/

# **Disposition**

Disposition Date: 03/23/2011

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only

Product Name: EAP

Project Name/Number: Schedule Replacement/

Schedule	Schedule Item	Schedule Item Status Public Access
<b>Supporting Document</b>	Flesch Certification	Approved-Closed Yes
<b>Supporting Document</b>	Application	Approved-Closed Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed Yes
Form	Policy Schedule	Approved-Closed Yes

Company Tracking Number:

TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only

Product Name: EAP

Project Name/Number: Schedule Replacement/

### Form Schedule

**Lead Form Number:** 

Schedule	Form	Form Type Form Name		Action	<b>Action Specific</b>	Readability	Attachment
Item	Number				Data		
Status							
Approved-	EAP-SCH-	Schedule	Policy Schedule	Initial			EAP11-
Closed	0311	Pages					SCH.pdf
03/23/2011							

### CENTRAL UNITED LIFE INSURANCE COMPANY

10700 Northwest Freeway Houston, Texas 77092

#### POLICY SCHEDULE

#### SUPPLEMENTAL ACCIDENT EXPENSE POLICY

Primary Insured: Issue Age:
Insured Dependents: Mode of Payment:
Policy Number: First Renewal Date:
Effective Date: Initial Premium:

#### **POLICY**

Units Purchased [.5; 1; 1.5; 2]
Accidental Death Benefit [\$12,500; \$25,000; \$37,500; \$50,000]
Medical Expense Benefit [\$1,000; \$2,000; \$3,000; \$4,000]
Daily Hospital Confinement Benefit [\$75; \$150; \$225; \$300]
Air or Ground Ambulance Benefit [\$2,500; \$5,000; \$7,500 \$10,000]

Accidental Dismemberment Benefit

Loss of Finger or Toe

Single Loss Benefit [\$250; \$500; \$750; \$1,000] Multiple Loss Benefit [\$500; \$1,000; \$1,500; \$2,000]

Loss of Hand, Arm, Foot, Leg

Single Loss Benefit [\$2,500; \$5,000; \$7,500; \$10,000] Multiple Loss Benefit [\$5,000; \$10,000; \$15,000; \$20,000]

Loss of Sight

 Single Loss Benefit
 [\$2,500; \$5,000; \$7,500; \$10,000]

 Multiple Loss Benefit
 [\$5,000; \$10,000; \$15,000; \$20,000]

 Maximum Dismemberment Per Accident
 [\$5,000; \$10,000; \$15,000; \$20,000]

[Yes; No]

#### OPTIONAL BENEFIT FOR ACCIDENT DISABILITY INCOME RIDER

Units Purchased [.5; 1; 1.5; 2]

Monthly Income Benefit [\$500; \$1,000; \$1,500; \$2,000]

Elimination Period 30 Days

Maximum Benefit Period [6; 12; 18; 24] Months

Company Tracking Number:

TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only

Product Name: EAP

Project Name/Number: Schedule Replacement/

## **Supporting Document Schedules**

Item Status: Status

Date:

Bypassed - Item: Flesch Certification Approved-Closed 03/23/2011

Bypass Reason: N/A - filing schedule page only

Comments:

Item Status: Status

Date:

Bypassed - Item: Application Approved-Closed 03/23/2011

Bypass Reason: Form Number: EAP-APP-AR

Date Approved: 3/19/2008

Comments:

Item Status: Status

Date:

Bypassed - Item: Outline of Coverage Approved-Closed 03/23/2011

Bypass Reason: Form Number: EAP-OC-AR

Approved: 3/19/2008

Comments: